



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

Canc: Mar 2000
IN REPLY REFER TO

BUMEDNOTE 1520
BUMED-OODCB1
7 Jan 2000

BUMED NOTICE 1520

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Dental Personnel

Subj: ANNOUNCEMENT OF FY 2001 DENTAL RESIDENCY TRAINING,
POSTDOCTORAL EDUCATION AND TRAINING, AND ADVANCED
CLINICAL PROGRAMS

Ref: (a) MANMED chapter 6, section XVI
(b) MEMO 98-005 of 19 Aug 99
(c) Health Affairs memo of 30 Dec 97, DOMRB
Policy (and annual updates)

Encl: (1) FY 2001 Advanced Dental Education Availability
Announcement
(2) Advanced Dental Education Application Brief Sheet
(NAVMED 1520/16, Rev. 12-96)
(3) Evaluation for Advanced Dental Education
(NAVMED 1520/17, Rev. 12-96)

1. Purpose. To announce the availability of dental residency training, postdoctoral education and training, and advanced clinical programs (ACP) beginning in July 2001 and to provide information concerning application procedures.

2. Cancellation. BUMEDNOTE 1520 of 05 Mar 99

3. Background. Chief, Bureau of Medicine and Surgery will convene a selection board to recommend Dental Corps officers for assignment to full-time residency training programs, postdoctoral education and training programs, and ACPs in FY 2001. Full-time inservice (FTIS) residency training programs are conducted at the Naval Postgraduate Dental School, Bethesda, MD, various naval hospitals, and other Federal institutions. A limited number of full-time outservice (FTOS) residency and postdoctoral education and training programs are available in civilian universities and institutions. Training for ACP is conducted at selected naval dental centers.

4. Availability of Programs. Reference (a) describes Department of the Navy (DON) training programs for dental officers. Needs of the Navy determine the programs available for training and number of trainees projected in each program. Enclosure (1) provides a list of anticipated residency and postdoctoral educational programs beginning in FY 2001.

7 Jan 2000

5. Residency Training Programs. Inservice residency training programs train dental officers for the specialty care needs of Navy and Marine Corps beneficiaries. Outservice residency training programs supplement inservice residencies and provide training in specialty areas not available in military training programs. All residency training programs meet American Dental Association or Federal Services Board of General Dentistry certification requirements, and qualify for DON board certification equivalency. Dental officers selected for these programs are expected to pursue board certification.

6. Advanced Clinical Programs (ACP). One year ACPs provide general dentists with advanced clinical skills in general dentistry, exodontia, periodontics, endodontics and prosthodontics. Successful completion of an ACP may enhance an officer's opportunity for later residency training. A utilization assignment following completion of an ACP may be required before selection to residency training.

7. Masters in Health Care Administration

a. The U.S. Army-Baylor University Program in Health Care Administration is offered at the Academy of Health Sciences, U.S. Army, Fort Sam Houston, TX. This full-time inservice Masters in Health Care Administration Program is designed to provide dental corps officers with a broad knowledge of executive skills needed to lead and manage health care services. It is fully accredited by the Accrediting Commission on Education for Health Services Administration (ACEHSA).

b. The program consists of a 54-week didactic phase and a 52-week administrative phase through an appropriate follow-on tour, such as assignment to a major medical or dental command or staff headquarters with additional duty assignments to major health care policy organizations.

c. Prerequisites include a bachelors degree, a 2.7 or higher grade point average or a 3.0 for the last 60 hours of course work (undergraduate), a minimum of 500 on the graduate management admission test (GMAT) or 1,000 on the graduate record exam (GRE), successful completion of courses in statistics (Linear Modeling and Probability Theory) and economics within the last 5 years. College math and algebra are recommended.

d. After completing required course work and successfully passing the GMAT or GRE, the dental officer must forward his/her official transcripts to the Baylor Program. The packages are forwarded to the graduate school admissions office for

evaluation. If accepted, the dental officer must then apply to the Dental Corps Duty Under Instruction (DUINS) Board for consideration.

8. Massachusetts Institute of Technology, Sloan Fellows Program

a. The Sloan Fellows Program is a highly selective and intense yearlong program designed to enhance leadership and management skills in senior leaders poised for key positions. The core subjects and related electives cover five major areas: policy formulation, external environment, managerial decision making, organizational and human factors in management, and applied research-the thesis. The core disciplines develop a solid foundation in what leaders must understand: economics, accounting, marketing strategy, organizational behavior, and finance. Graduates receive either a Masters of Science in Management or Masters of Business Administration Degree.

b. Eligibility requires a senior Dental Corps officer with qualifications, desire, and ability to accept positions of increasing responsibility within the higher echelons of Navy dentistry.

9. Eligibility for Advanced Dental Education Training

a. Before commencement of a postdoctoral residency education program, dental officers must have completed their initial tour of duty and cannot be in a failure of selection promotion status. Applicants who are unable to complete 20 years of active commissioned service by age 62 may submit a written request for waiver of this requirement with their application.

10. Application

a. To apply, the officer must submit the following to Naval School of Health Sciences, Bethesda, MD (NSHS, Code OD):

(1) A letter of request with appropriate endorsements accompanied by a statement of motivation clarifying the applicant's background, interests, and reasons for requesting the desired training, per reference (a).

(2) Official scholastic transcripts for all pre-dental, dental, and other significant education. Applicants whose transcripts do not provide class standing or grade point average should request a dean's letter indicating class standing or an equivalent.

(3) Advanced Dental Education Application Brief Sheet, enclosure (2).

(4) A maximum of three letters of evaluation using enclosure (3). It is suggested that one letter be from a dental officer in the specialty area requested for training.

b. For questions concerning application procedures, contact the Dental Corps Programs Office, NSHS Bethesda at DSN 295-0650, (301) 295-0650, or FAX 295-1783.

c. Active duty obligation (ADO) incurred for participation in dental residency training programs is 1 year for each year of FTIS or FTOS training and a minimum of 1 year for programs of less than 2 years duration, per reference (a). Programs leading to a master's degree (which require additional training and/or funding) incur an additional 2 year ADO. ADO for a master's degree obtained concurrently with a residency program may be served concurrently with the ADO for residency training. Doctoral programs incur a year for year ADO.


d. Second choices for training are not required but are encouraged in related disciplines, e.g., operative dentistry and prosthodontics, operative dentistry and comprehensive dentistry, or comprehensive dentistry and ACP in general dentistry.

e. Dental special pays for officers in residency programs will comply with references (b) and (c). Officers in ACP programs incur no special pay limitations.

11. Application Deadline. Applications for training beginning in FY 2001, including evaluations and transcripts, must arrive at NSHS Bethesda, Code OD, postmarked no later than 1 April 2000.

12. Notification. The DUINS Selection Board is scheduled to meet in July 2000. Notification of board results will be made by individual letter, via commanding officers, as soon as possible upon completion of board deliberations.

13. Forms. Enclosures (2) and (3) are provided for use in the application process.


J. K. JOHNSON
Assistant Chief for Dentistry

Available from:
<http://navymedicine.med.navy.mil/instructions/external/external.htm>

FY 2001 ADVANCED DENTAL EDUCATION AVAILABILITY ANNOUNCEMENT

FTIS Residencies and Postdoctoral Education Programs

Comprehensive Dentistry
Endodontics
Oral and Maxillofacial Surgery ***
Oral Diagnosis, Oral Medicine, and Oral and Maxillofacial
Radiology
Oral Pathology **
Periodontics **
Prosthodontics **
Public Health Dentistry
Masters in Health Care Administration
Maxillofacial Prosthetics - Fellowship *
Sloan Fellows Program

FTOS Residencies and Postdoctoral Education Programs (Civilian)

Endodontics
Operative and Preventive Dentistry **
Oral and Maxillofacial Surgery ***
Orthodontics
Pediatric Dentistry
Periodontics **
Prosthodontics **
Temporomandibular Disorders

Advanced Clinical Programs

General Dentistry *
Exodontics *
Periodontics *
Endodontics *
Prosthodontics *

* 1 year program
** 3 year program
*** 4 year program

Enclosure (1)

Evaluation for Advanced Dental Education

Instructions

1. Applicants must complete section I before forwarding to the evaluator.
2. The applicant listed has applied for advanced dental education and requests you complete section II.
3. Please answer all the questions.
4. Return evaluation to the Naval School of Health Sciences, Code OD, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611.
5. Questions, please call: (301) 295-0650 or DSN 295-0650.

Section I

Name (Last, First, MI)	Grade	Designator	SSN
First choice for training request	Second choice for training request		
Level of training requested: <input type="checkbox"/> Residency <input type="checkbox"/> ACP <input type="checkbox"/> Fellowship <input type="checkbox"/> MS/Ph.D. <input type="checkbox"/> Other (specify)			

Section II

How do you know the applicant? (Check all that apply)		How well do you know the applicant?	
<input type="checkbox"/> Friend		<input type="checkbox"/> Close and frequent observation	
<input type="checkbox"/> Relative		<input type="checkbox"/> Above average	
<input type="checkbox"/> Pre-dental student		<input type="checkbox"/> Average	
<input type="checkbox"/> Dental student		<input type="checkbox"/> Vaguely	
<input type="checkbox"/> Graduate student		<input type="checkbox"/> By name only	
<input type="checkbox"/> GPR student		<input type="checkbox"/> I do not know the applicant	
<input type="checkbox"/> ACP student			
<input type="checkbox"/> Resident			
Member of: <input type="checkbox"/> Department <input type="checkbox"/> Branch Clinic <input type="checkbox"/> Command <input type="checkbox"/> Staff <input type="checkbox"/> Other (specify)			
How many years have you known the applicant?	From:	To:	
Based upon your experience with other students, dentists and Navy Dental Corps officers, how does the applicant compare when considering the following: Rank as follows: 5 - well above average 4 - above average 3 - average 2 - below average 1 - well below average 0 - no opinion			
Rating	Factor	Additional comments:	
<input type="checkbox"/>	Maturity		
<input type="checkbox"/>	Judgment		
<input type="checkbox"/>	Leadership		
<input type="checkbox"/>	Cooperation		
<input type="checkbox"/>	Personality		
<input type="checkbox"/>	Military bearing		
<input type="checkbox"/>	Personal demeanor		
<input type="checkbox"/>	Independence of thought		
<input type="checkbox"/>	Performance as a naval officer		
<input type="checkbox"/>	Cultural interests (non-dental)		
<input type="checkbox"/>	Clinical ability (manual dexterity)		
Communication skills as an:			
<input type="checkbox"/>	Effective writer		
<input type="checkbox"/>	Effective speaker		
Estimate probable success as a:			
<input type="checkbox"/>	Clinician		
<input type="checkbox"/>	Researcher		
<input type="checkbox"/>	Dental educator		
<input type="checkbox"/>	Graduate student		
Gifted individuals occasionally exhibit sporadic performance due to extenuating circumstances such as family illness, financial need or personal difficulties. Please advise if you are aware of any unique circumstances.			

Please provide a brief narrative summary to be used in this evaluation. (Use a maximum of one additional page, if necessary).

Evaluator's typed or printed name	Date
Evaluator's title or position	School or command
Evaluator's signature	

Advanced Dental Education Application Brief Sheet

Instructions

1. Complete all applicable entries.
2. Type all entries.
3. Follow current BUMEDNOTE 1520.
4. Attach a chronological record of your continuing dental education (courses, correspondence courses, etc.) for the past 5 years.
5. Forward this brief sheet and chronological record of dental education to: NSHS, Code OD, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611.
6. Questions, please call: (301) 295-0650 or DSN 295-0650.

Name (Last, First, MI)	Grade	Designator	SSN
Current duty station address			
Duty station phone number (DSN and commercial)	Home phone number and E-mail address		
Date of rank	Year group		
Years active duty	Years Navy Dental Officer		
PRD	If you have received orders; to where?		
Total years of operational or foreign shore duty as dental officer			
Dates & location of duty stations:			
First choice for training requested	Second choice for training requested		
If I receive training leading to board eligibility, I will <input type="checkbox"/> will not <input type="checkbox"/> pursue board certification.			
As appropriate, complete all of the following. I completed:			
GPR/AEGD in (provide academic year and facility)			
Civilian postdoctoral fellowship in (provide discipline, academic year and facility)			
Navy ACP in (provide discipline, academic year and facility)			
Navy residency program in (provide discipline, academic year and facility)			
Civilian residency/post-residency fellowship in (provide discipline, academic year and facility)			
I have requested evaluations from:			
I have requested transcripts from:			

Demographic Information Request

Please complete the following by circling the correct information. Completion of this information is voluntary and will not affect your request for training.

Age: 20-25 26-30 31-35 36-40 41-45 46-50 51+

Gender: Male Female

Ethnic Group: American Indian Asian African American Caucasian Filipino Hispanic Other

Privacy Act Statement

Authority to request this information is contained in 5 USC 301 and 10 USC 5031. The purpose for this information is to assist Department of the Navy officials and employees in evaluating your training request and determining your eligibility for advanced dental education. Other uses for this information are to determine course and training demands, requirements and achievements; to analyze student groups or courses; to provide academic and performance evaluation to assist with guidance and counseling of students; to prepare required reports; to provide a demographic profile of applicants for Navy Dental Corps education and training programs; to assess affirmative action initiatives and equal opportunity programs; and to support other training, administration and planning purposes. Disclosure of this information is voluntary. Failure to disclose this information, except for the demographic information, may result in non-selection for training.

Typed name, grade and SSN

Date

Signature

NSHS (Code OD) Use Only

Education/school	Academic years	Degree	GPA	Class/rank
Pre-dental				
Dental				
Other				
<div style="text-align: center;">Evaluations received</div> <div style="text-align: center;">1 2 3</div>	<div style="text-align: center;">Transcripts received</div> <div style="text-align: center;">1 2 3</div>	<div style="text-align: center;">Application complete date</div>		